Catalogue no. 89-627-XIE — No. 3
ISSN 1914-6450
ISBN 978-0-662-46902-5

Analytical Paper

Inuit in Canada: Findings from the Aboriginal Peoples Survey - Survey of Living Conditions in the Arctic

The Health of Inuit Children: Report

2001

2001
Aboriginal Peoples Survey

by Anne Guèvremont and Dafna Kohen

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2008-02984/

Statistics Canada
Social and Aboriginal Statistics Division

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Published by authority of the Minister responsible for Statistics Canada

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September 2007

Catalogue no. 89-627-XIE
ISSN 1914-6450
ISBN 978-0-662-46902-5

Frequency: occasional

Ottawa

La version française de cette publication est disponible sur demande (nº 89-627-XIF au catalogue).

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.	not available for any reference period
..	not available for a specific reference period
...	not applicable
0	true zero or a value rounded to zero
0^s	value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
^{p}	preliminary
^{r}	revised
x	suppressed to meet the confidentiality requirements of the *Statistics Act*
^{E}	use with caution
F	too unreliable to be published

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Inuit Children's Health: A Report Using the 2001 Aboriginal Peoples Survey (Children and Youth Component)

By: Anne Guèvremont and Dafna Kohen

This report examines the health of Inuit children in the four Inuit Regions in the Arctic: the Inuvialuit Region in the Northwest Territories, the territory of Nunavut, Nunavik in northern Quebec and Nunatsiavut in northern Labrador (see map below). This report is a joint publication between The Social and Aboriginal Statistics Division, The Health Information and Research Division at Statistics Canada, as well as the Inuit Tapiriit Kanatami.

Figure 1: Inuit Regions

A report published in 2004, "A Portrait of Aboriginal Children Living in Non-reserve Areas: Results from the 2001 Aboriginal Peoples Survey" (Statistics Canada, 2004), examined Aboriginal children's health overall and compared Inuit children to Métis and North American Indian[1] (also referred to as First Nations) children. However, the report did not look at regional differences in Inuit children's health. While these regions share a common culture and many traditions, they are at the same time distinct from each other in many ways. The current report provides a more in-depth view of Inuit children's health. This report focuses on six areas of child health: health status, prevalence of chronic conditions, contact with health practitioners, use of and access to dental care, prevalence and duration of breastfeeding, and the proportion of young people eating breakfast. These are particularly important as they have implications not only on the physical health of young Inuit children but on healthy development throughout the life course.

1. Respondents self-identified as 'North American Indian'; however, the term 'First Nations' is used throughout this document.

Data and methodology

This study uses the Children and Youth Component of the 2001 Aboriginal Peoples Survey (APS). The APS provides data on the social and economic conditions of Aboriginal peoples in Canada. Its specific purpose was to identify the needs of Inuit, First Nations and Métis peoples focusing on issues such as health, schooling and language. The survey was designed and implemented in partnership with National Aboriginal Organizations[2] (Statistics Canada, 2006).

The APS is a post-censal survey, meaning that respondents were selected based upon their responses to the 2001 Census. Two questions from the long questionnaire (Forms 2B and 2D) were used to determine the APS Inuit population (see Appendix A).

The interviews for the children's questionnaire were conducted with the "person most knowledgeable" (PMK) about the child. In 82% of cases, the PMK was the birth parent (mother or father). In other instances, the PMK was a grandparent (6%), or an aunt or uncle (3%). In most cases, the interviews were conducted face-to-face using paper and pencil questionnaires.

Differences are reported as significant if they were different at the 5% level. Population weights were applied and results were bootstrapped. Significant differences are noted in the text, while numbers in a table are not necessarily significantly different.

Identifying Inuit children

The focus of this report is Inuit children aged 0 to 14. A child was considered Inuk if their parent responded, "Yes, Inuit," to the APS question, "Is ... an Aboriginal person, that is, North American Indian, Métis, or Inuit?" Included here are children with Inuit identity only and those with Inuit identity in combination with Métis and/or First Nations identity.

In 2001, most Inuit children lived in one of four Inuit Regions in the Arctic: the Inuvialuit Region in the Northwest Territories, the territory of Nunavut, Nunavik in northern Quebec and Nunatsiavut in northern Labrador. Data for these four regions are compared in this report. The approximately 3,800 Inuit children interviewed in the 2001 APS represented 18,500 Inuit children in Canada. About 260 children were interviewed in the Inuvialuit Region; 2,000 in Nunavut; 1,050 in Nunavik and 220 in Labrador. Survey information was provided for 230 Inuit children (15% of the total) who lived outside of these four areas. These children are included in the "All Inuit children in Canada" category.

For 2001 APS purposes, "Labrador" (as referred to in this report) consisted of a slightly different set of communities than those that comprise the Nunatsiavut region. While Nunatsiavut includes Hopedale and excludes Happy Valley-Goose Bay, the reverse is true for the Labrador region as defined in this report. In this report, the Inuvialuit region includes Inuvialuit and Inuit living in Aklavik, Inuvik, Paulatuk, Sachs Harbour, Tuktoyaktuk and Ulukhaktok.

In a separate set of comparisons, Inuit children were compared to First Nations (on selected reserves and off reserve) and Métis children. To keep the definition for other Aboriginal groups similar to the definition of Inuit children (i.e. a mutually exclusive group), we excluded First Nations and Métis children who identified with more than one Aboriginal group. Included in the sample were about 11,000 First Nations children living on selected reserve (representing 41,500 First Nations children in Canada), 10,000 First Nations children living off reserve (representing

2. The following National Aboriginal Organizations were involved in the consultation process: Assembly of First Nations, Congress of Aboriginal Peoples, Inuit Tapiriit Kanatami, Métis National Council, the National Association of Friendship Centres and Native Women's Association of Canada .

135,600 children), and 7,500 Métis children (representing 92,500 children). Although the Inuit, First Nations off reserve, and Métis samples in the APS are representative of those groups nationally, the APS sampling strategy focused on the larger reserves in each province. As a result, the information collected for the First Nations on-reserve sample was not designed to be representative of the entire on-reserve population (see Appendix B for a list of all communities included in the survey). This should be taken into consideration when interpreting results for the First Nations on-reserve population.

Results

1. Health status

Table 1
Health status of Inuit children aged 0 to 14 years, by region and for all children in Canada, 2001

	Inuvialuit Region	Nunavut	Nunavik	Labrador	All Inuit children in Canada[1]	All children in Canada[2]
			percent			
Excellent health	57	52	44	51	53	58
Very good health	24 [E]	24	29	32 [E]	26	29
Good, fair or poor health	19 [E]	24	26	17 [E]	21	13

[E] use with caution

1. Includes the four Inuit regions as well as Inuit living outside of these regions, mainly in larger cities in southern Canada.
2. Excluded are children living in the territories. However, some Inuit children living elsewhere in Canada may be included here.

Sources: Statistics Canada, Aboriginal Peoples Survey, 2001, National Longitudinal Survey of Children and Youth (NLSCY), Cycle 4, 2000/2001.

The majority of Inuit children were rated as being in excellent or very good health (79%) (Table 1). However, the percentage for Inuit children was lower than that for all children in Canada (87%). Among Inuit children, those in Nunavut (52%), the Inuvialuit Region (57%), and Labrador (51%) were as likely as each other to be rated as being in excellent health. This percentage is similar to the percentage of all children nationally rated in excellent health (58%). However, Inuit children from Nunavik were significantly less likely to be rated as being in excellent health (44%) as compared to Inuit children in the other three regions.

A smaller percentage of First Nations children on selected reserves were rated as being in excellent health compared to Inuit children overall (45% compared to 53%). About the same percentage of First Nations children off reserve (54%) were rated as being in excellent health compared to Inuit children (53%). A slightly higher percentage of Métis children were rated as being in excellent health (56%) as compared to Inuit children. (Table 2)

Table 2
Health status of Aboriginal children aged 0 to 14 years, by Aboriginal group, 2001

	Inuit	First Nations on selected reserves	First Nations off reserve	Métis
		percent		
Excellent health	53	45	54	56
Very good health	26	31	27	28
Good, fair or poor health	21	25	19	16

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

2. Chronic conditions

Table 3
Percentage of 0 to 14 year olds with diagnosed chronic health conditions, by Aboriginal group and for all children in Canada, 2001

	Inuit	First Nations on selected reserves	First Nations off reserve	Métis	All children in Canada[1]
			percent		
Diagnosed with					
Any chronic condition	33	35	44	45	.
Allergies	9 [E]	10	15	19	8
Asthma	5 [E]	10	13	13	15
Ear infections or ear problems	11	12	10	10	.
Learning disabilities	4 [E]	3 [E]	9	8 [E]	.
Activity limitation	9	7	12	13	7

. not available for any reference period
[E] use with caution
1. Excluded are children living in the territories. However, some Inuit children living elsewhere in Canada may be included here.

Sources: Statistics Canada, Aboriginal Peoples Survey, 2001, National Longitudinal Survey of Children and Youth (NLSCY), Cycle 4, 2000/2001.

Results for chronic conditions in each Inuit region are not presented as the sample sizes were too small to produce statistically reliable estimates.

Compared to other Aboriginal children, Inuit children were significantly less likely to report a chronic condition – 33% of Inuit children compared to 35% of First Nations children on selected reserves, 44% of First Nations children off reserve, and 45% of Métis children. However, these results should be interpreted with caution as parents were reporting on "diagnosed" conditions which may be influenced by greater difficulties accessing health professionals in the North, as outlined below. (Table 3)

3. Contact with health care professionals

Most Inuit children did not have any contact with a general practitioner in the past year (Table 4). In 2001, a significantly smaller percentage of Inuit children (28%) had seen or talked to a

family doctor compared to all children in Canada (67%). Contact varied across the regions, ranging from 16% in Nunavut to approximately 33% in the Inuvialuit Region and Labrador.

Table 4
Contact of Inuit children aged 0 to 14 with health care professionals, by Inuit region and for all children in Canada, 2001

	Inuvialuit Region	Nunavut	Nunavik	Labrador	All Inuit children in Canada[1]	All children in Canada[2]
			percent			
Saw or talked to general practitioner or family doctor in last 12 months	33 [E]	16	27	33 [E]	28	67
Saw or talked to public health nurse or nurse practitioner in last 12 months	54 [E]	52	67	47	49	20
Saw or talked to pediatrician in last 12 months	17	13	20	19	16	26
Saw or talked to other specialist in last 12 months	18	11	19	31	16	29
Saw or talked to any doctor in last 12 months (general practitioner, family doctor, pediatrician, or specialist)	49	32	53	58	46	85

[E] use with caution

1. Includes the four Inuit regions as well as Inuit living outside of these regions, mainly in larger cities in southern Canada.
2. Excluded are children living in the territories. However, some Inuit children living elsewhere in Canada may be included here.

Sources: Statistics Canada, Aboriginal Peoples Survey, 2001, National Longitudinal Survey of Children and Youth (NLSCY), Cycle 4, 2000/2001.

It should be noted that very few (less than 10 of 53) Inuit communities have a doctor working in the community on a regular basis (Inuit Tapiriit Kanatami, personal correspondence). Medical evacuations to southern hospitals are required for those in need of emergency care and many Inuit are sent to the South for appointments with medical specialists, diagnosis and treatment. The point of first contact with the medical system for most Inuit children (and adults) is with a nurse and each community has a health centre staffed by at least one nurse. Almost half of Inuit children (49%) had seen a nurse in 2001, compared to 20% of children in the Canadian provinces.

Compared to other Aboriginal children, Inuit children were significantly less likely to have seen a doctor in the 12 months prior to the survey (Table 5). Approximately 46% had seen or talked to a physician in the last 12 months, compared to 77% of Métis children, 78% of First Nations children living off reserve and 63% of First Nations children living on selected reserves. In

particular, Inuit children were much less likely to have seen or talked to a family doctor or a pediatrician than other Aboriginal children.

Table 5
Contact of Aboriginal children aged 0 to 14 with health care professionals, by Aboriginal group, 2001

	Inuit	First Nations on selected reserves	First Nations off reserve	Métis
		percent		
Saw or talked to general practitioner or family doctor in last 12 months	28	48	62	59
Saw or talked to public health nurse or nurse practitioner in last 12 months	49	38	24	23
Saw or talked to pediatrician in last 12 months	16	23	29	29
Saw or talked to other specialist in last 12 months	16	17	21	23
Saw or talked to any doctor in last 12 months (general practitioner, family doctor, pediatrician, or specialist)	46	63	78	77

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

4. Dental care

Most Inuit communities are not regularly serviced by a resident dentist. In most cases, dentists from southern Canada fly into remote communities at various points during the year. In some communities, there can be many people waiting for treatment and sometimes only the most serious cases can be seen during the dentist's visit. For emergency dental treatment, Inuit must be evacuated from their community by air for treatment in a southern centre. Trips South are also required for consultations with dental specialists. However, medical evacuations are often given higher priority, resulting in delays for treatment by these dental specialists (Inuit Tapiriit Kanatami, personal correspondence).

Inuit children in Nunavut in 2001 were significantly less likely to have received dental treatment in the last 12 months - 58% compared to 71% in both Nunavik and the Inuvialuit Region, and 72% of children in Labrador (Table 6). A similar percentage of children were in need of dental care in Nunavut (26%), Nunavik (25%), and the Inuvialuit Region (26%), with a significantly higher percentage of children in need of dental care in Labrador (35%). Access was the most frequently cited reason for not having an appointment among Inuit children; this reason was cited by 48% of respondents.

Compared to other Aboriginal children, Inuit children were less likely to have received dental treatment in the last 12 months – 67% of Inuit children compared to 70% of First Nations children on selected reserves, 77% of First Nations children off reserve and 75% of Métis children (Table 7). Inuit children were similarly likely to need dental treatment, but less likely to have an appointment than other Aboriginal children. For Inuit children, access was the biggest reason for not having a dental appointment. In comparison, for Métis and First Nations children living off reserve, cost was most likely to be selected as the reason for no appointment. This difference may in part be due to Non-Insured Health Benefits (NIHB) available to both Inuit and those registered under the *Indian Act*. The cost of many dental services like check-ups, cleanings and fillings are usually covered through NIHB (Inuit Tapiriit Kanatami, 2006).

Table 6
Dental care of Inuit children aged 2 to 14, by Inuit region and for all children in Canada, 2001

	Inuvialuit Region	Nunavut	Nunavik	Labrador	All Inuit children in Canada[1]	All children in Canada[2]
				percent		
Received dental treatment in last 12 months	71	58	71	72	67	76
Did not receive dental treatment in the last 12 months	23 [E]	33	20	18 [E]	24	.
Never received dental treatment	6 [E]	9 [E]	9 [E]	10 [E]	9 [E]	.
In need of dental treatment	26 [E]	26	25	35	27	.
Children in need of dental treatment, percent with appointments	49 [E]	42	59	51	47	.
Of children with no appointments, reasons why not:						
Access[3]	64 [E]	60 [E]	32 [E]	40 [E]	48	.

. not available for any reference period
[E] use with caution

1. Includes the four Inuit regions as well as Inuit living outside of these regions, mainly in larger cities in southern Canada.
2. Excluded are children living in the territories. However, some Inuit children living elsewhere in Canada may be included here.
3. Access included the responses "not available in the area or at the time required", and "waiting time too long".

Sources: Statistics Canada, Aboriginal Peoples Survey, 2001, National Longitudinal Survey of Children and Youth (NLSCY), Cycle 4, 2000/2001.

Table 7
Dental care of Aboriginal children aged 2 to 14, by Aboriginal group, 2001

	Inuit	First Nations on selected reserves	First Nations off reserve	Métis
		percent		
Received dental treatment in last 12 months	67	70	77	75
Did not receive dental treatment in the last 12 months	24	21	14	15
Never received dental treatment	9 [E]	10	10	9
In need of dental treatment	27	27	25	26
Children in need of dental treatment, percent with appointments	47	58	61	55
Of children with no appointments, reasons why not:				
Access[1]	48	33	10 [E]	6 [E]
Cost	8 [E]	5 [E]	28	40

[E] use with caution

1. Access included the responses "not available in the area or at the time required", and "waiting time too long".

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

5. Breastfeeding

The Public Health Agency of Canada states that, "exclusive breastfeeding is recommended for the first six months of life, as it provides all the nutrients, growth factors and immunological components a healthy term infant needs." (Health Canada, Expert Advisory Panel on Exclusive Breastfeeding, 2004). The percentage of 0 to 3 year old Inuit children who had been or were currently being breastfed (66%) was lower than the national average (80%), but Inuit children were more likely than children outside of the territories to have been breastfed for more than six months. Inuit children aged 0 to 3 living in Labrador were more likely than those in Nunavut to be breastfed (78% compared to 61%). Inuit children in Nunavut were significantly more likely than those in Nunavik and the Inuvialuit region to have been breastfed for more than six months. The percentage of children breastfed for more than 6 months was higher than the national average in three of the four Inuit regions (Nunavut, Nunavik, and Labrador). The difference between the percentage for children in the Inuvialuit region and that for all children in Canada was not significant. (Table 8)

Compared to other Aboriginal groups, Inuit children aged 0 to 3 years were more likely to have been breastfed than First Nations children living on selected reserves (66% versus 62%), and less likely to have been breastfed than First Nations children off reserve (66% versus 72%). Inuit children were as likely to have been breastfed as Métis children (66% versus 70%). Of breastfed children, Inuit children were significantly more likely to have been breastfed for more than 6 months (59%) as compared to Métis children (39%) and First Nations children both on selected reserves (42%) and off reserve (43%). (Table 9)

Table 8
Percentage of Inuit children aged 0 to 3 years breastfed, by Inuit region and for all children in Canada, 2001

	Inuvialuit Region	Nunavut	Nunavik	Labrador	All Inuit children in Canada[1]	All children in Canada[2]
			percent			
0 to 3 year olds ever or currently breastfed	67	61	64	78	66	80
Number of months ever or currently breastfed						
Less than 3 months	x	14 [E]	24 [E]	x	17 [E]	33
3 to 6 months	x	23 [E]	28 [E]	x	24	33
More than 6 months	36 [E]	63	49	56 [E]	59	34

x Suppressed to meet the confidentiality requirements of the *Statistics Act*

[E] use with caution

1. Includes the four Inuit regions as well as Inuit living outside of these regions, mainly in larger cities in southern Canada.
2. Excluded are children living in the territories. However, some Inuit children living elsewhere in Canada may be included here.

Sources: Statistics Canada, Aboriginal Peoples Survey, 2001, *The Well-Being of Canada's Young Children, 2002*, National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3, 1998/1999.

Table 9
Percentage of Aboriginal children aged 0 to 3 years breastfed, by Aboriginal group, 2001

	Inuit	First Nations on selected reserves	First Nations off reserve	Métis
		percent		
0 to 3 year olds ever or currently breastfed	66	62	72	70
Number of months ever or currently breastfed				
Less than 3 months	17 [E]	24	23	24
3 to 6 months	24	34	34	37
More than 6 months	59	42	43	39

[E] use with caution

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

6. Breakfast eating

The Dieticians of Canada (2004) recommend that all children start their day with a good breakfast. Children who eat breakfast perform better at school, have healthier weights, and eat more essential nutrients. Most Inuit children 6 to 14 years old reported eating breakfast 5 to 7 days per week (82%). Inuit children in Nunavik and the Inuvialuit region were more likely to report eating breakfast 5 to 7 days a week (86% of children in each region) than were children in Labrador and Nunavut (79% in each region). (Table 10)

Table 10
Percentage of Inuit children aged 6 to 14 eating breakfast 5 to 7 days a week, by Inuit region, 2001

	Inuvialuit Region	Nunavut	Nunavik	Labrador	All Inuit children in Canada[1]
			percent		
5 to 7 days	86	79	86	79	82
Less than 5 days	14 [E]	21	14 [E]	21 [E]	18

[E] use with caution

1. Includes the four Inuit regions as well as Inuit living outside of these regions, mainly in larger cities in southern Canada.

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

To compare these rates to the rate of eating breakfast for all children (excluding children outside of the territories), we used data from the National Longitudinal Survey of Children and Youth (NLSCY, Cycle 4, 2000/01). In the NLSCY, 12 to 15 year olds were asked: During a school week (Monday to Friday), how many days do you normally eat breakfast? About 57% of 12 to 14 year olds reported eating breakfast every school day; 75% reported eating breakfast 3 or more school days per week. These numbers were then compared to the rates of Inuit children of a similar age group. The percentage of 12 to 14 year old Canadian children who reported eating breakfast 3 or more school days per week is similar to the percentage of Inuit children aged 12 to 14 years who reported eating breakfast 5 to 7 times a week (75% of Inuit children - 74% in Nunavut, 81% in Nunavik, 70% in the Inuvialuit region, and 64% in Labrador).

The percentage of Inuit children eating breakfast 5 to 7 days per week was similar to the percentage for other Aboriginal children – 84% of First Nations children on selected reserves, 90% of First Nations children off reserve, and 87% of Métis children. (Table 11)

Table 11
Percentage of Aboriginal children aged 6 to 14 eating breakfast 5 to 7 days a week, by Aboriginal group, 2001

	Inuit	First Nations on selected reserves	First Nations off reserve	Métis
		percent		
5 to 7 days	82	84	90	87
Less than 5 days	18	16	10	13

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

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Appendix A: Census questions used to determine the Inuit target population for the APS

Question 17: What were the ethnic or cultural origins of this person's **ancestors**? (Persons who indicated Aboriginal ancestry were included in Inuit target population)

Question 18: Is this person an Aboriginal person, that is, North American Indian, Métis or Inuit (Eskimo)? (Persons who gave a positive response were included in the Inuit target population)

Appendix B: Communities taking part in the APS

Following is a list of communities selected for the 2001 Aboriginal Peoples Survey (APS):

A) First Nations communities

Newfoundland and Labrador		
Samiajij Miawpukek		
Prince Edward Island		
Lennox Island 1		
Nova Scotia		
Eskasoni 3	Indian Brook 14	Millbrook 27
New Brunswick		
Burnt Church 14	Devon 30	
Quebec		
Eastmain	Mistissini	Oujé-Bougoumou
Nemiscau	Waskaganish	Waswanipi
Wemindji	Whapmagoostui	
Ontario		
Christian Island 30 and 30A	Couchiching 16A	Curve Lake First Nation 35
Deer Lake	English River 21	Fort Hope 64
Fort William 52	Garden River 14	Kettle Point 44
Lac Seul 28	Mississagi River 8	Mnjikaning First Nation 32 (Rama First Nation 32)
Pikwakanagan (Golden Lake 39)	Sagamok	Sandy Lake 88
Wikwemikong Unceded 26		

Manitoba		
Chemawawin 2	Cross Lake 19, 19A and 19E	Ebb and Flow 52
Fairford 50	Fisher River 44 and 44A	Nelson House 170
Norway House 17	Opaskwayak Cree Nation 21A, 21B, 21E, 21I	Oxford House 24
Peguis 1B	Sandy Bay 5	Sioux Valley 58
Split Lake 171	St. Theresa Point	Waywayseecappo First Nation
Saskatchewan		
Ahtahkakoop 104	Assiniboine 76	Big River 118
Buffalo River Dene Nation 193 (Peter Pond Lake 193)	Canoe Lake 165	Chicken 224 and 225
Clearwater River	Cote 64	Cowessess 73
Flying Dust First Nation 105 (Meadow Lake 105)	Gordon 86	James Smith 100
Kitsakie 156B	Lac La Ronge 156	Little Pine 116
Makaoo (Part) 12)	Makwa Lake 129B and 129C	Ministikwan 161 and 161A
Montreal Lake 106 and 106B	Moosomin 112B	Mosquito 109
Peepeekisis 81	Piapot 75	Poundmaker 114
Seekaskootch 119	Standing Buffalo 78	Sturgeon Lake 101
Wapachewunak 192D	Waterhen 130	White Bear 70
Alberta		
Alexis 133	Blood 148	John d'Or Prairie 215
Louis Bull 138B	Montana 139	Peigan 147
Samson 137	Siksika 146	Stoney 142, 143, 144
Stony Plain 135	Tsuu T'ina Nation 145 (Sarcee 145)	Utikoomak Lake 155 and 155A
Wabamun 133A	Wabasca 166, 166A, 166B, 166C, 166D)	White Fish Lake 128
British Columbia		
Alert Bay 1 and 1A	Alkali Lake 1	Campbell River 11
Capilano 5	Chehalis 5	Chemainus 13
Cole Bay 3	Cowichan 1	East Moberly Lake 169

Fort Nelson 2	Gitanmaax 1	Gitsegukla 1
/Gitwangak 1	Hagwilget 1	Kamloops 1
Kitamaat 2	Mission 1	Musqueam 2
Nanaimo Town 1	Nishga Nation (New Aiyansh, Laxgalts'ap, Gitwinksihlkw, Gingolx)	Okanagan (Part) 1 CSD - 801, (Part) 1 CSD - 804
Seabird Island	Sechelt (Part) CSD - 803	South Saanich 1
Stony Creek 1	Tache 1	Tsahaheh 1
Tsinstikeptum 9	Tsulquate 4	Williams Lake 1
Woyenne 27		
Northwest Territories		
Hay River Dene 1		

B) Communities with large Inuit populations

Newfoundland and Labrador		
Happy Valley-Goose Bay	Makkovik	Nain
Postville	Rigolet	
Nunavik (northern Quebec)		
Akulivik	Aupaluk	Chisasibi
Inukjuak	Ivujivik	Kangiqsualujjuaq
Kangiqsujuaq	Kangirsuk	Kuujjuaq
Kuujjuarapik	Puvirnituq	Quaqtaq
Salluit	Tasiujaq	Umiujaq
Inuvialuit region (Northwest Territories)		
Aklavik	Holman	Inuvik
Paulatuk	Sachs Harbour	Tuktoyaktuk
Nunavut		
Arctic Bay	Arviat	Baker Lake

Bathurst Inlet	Cambridge Bay	Cape Dorset
Chesterfield Inlet	Clyde River	Coral Harbour
Gjoa Haven	Grise Fiord	Hall Beach
Igloolik	Iqaluit	Kimmirut
Kugaaruk	Kugluktuk	Pangnirtung
Pond Inlet	Qikiqtarjuaq	Rankin Inlet
Repulse Bay	Resolute	Sanikiluaq
Taloyoak	Umingmaktok	Whale Cove

C) Communities with large Métis populations

Newfoundland and Labrador		
Port Hope Simpson		
Manitoba		
Alonsa	Camperville	Cormorant
Duck Bay	Moose Lake	Mountain (North)
Norway House	St. Laurent	Wabowden
Saskatchewan		
Beauval	Buffalo Narrows	Green Lake
La Loche	Pinehouse	Prince Albert
Île-à-la-Crosse	North Battleford	
Alberta		
Buffalo Lake	East Prairie	Elizabeth
Fishing Lake	Fort Vermilion	Gift Lake
Grouard Mission	Kikino	Paddle Prairie
Peavine	Wabasca	Wood Buffalo
Yukon		
Whitehorse		

Northwest Territories		
Déline	Fort Good Hope	Fort Liard
Fort McPherson	Fort Providence	Fort Resolution
Fort Simpson	Fort Smith	Rae-Edzo
Tulita	Wha Ti	Yellowknife

Appendix C: Aboriginal Peoples Survey (APS) and National Longitudinal Survey of Children and Youth (NLSCY) questions used for each table.

Table 1 and 2

APS	NLSCY
In general, would you say …'s health is… ▪ Excellent ▪ Very Good ▪ Good ▪ Fair ▪ Poor	In general, would you say …'s health is… ▪ Excellent ▪ Very Good ▪ Good ▪ Fair ▪ Poor

Table 3:

APS	NLSCY
Which, if any, of the following long-term conditions of health problems does … have that have been diagnosed by a doctor, nurse or health professional? ▪ Allergies ▪ Bronchitis ▪ Tuberculosis (TB) ▪ Heart condition or problem ▪ Diabetes ▪ Cerebral palsy ▪ Psychological or nervous difficulties ▪ Ear infections or ear problems ▪ Hearing impairment ▪ Visual impairment ▪ Mental disability ▪ Learning disability ▪ Fetal Alcohol Syndrome/Fetal Alcohol Effect ▪ Asthma (Child considered having any chronic condition if he or she had any of the above.)	In the following questions long-term conditions refer to conditions that have lasted or are expected to last 6 months or more and have been diagnosed by a health professional. Does child have any of the following long-term conditions: ▪ Allergies ▪ Asthma (Other conditions listed but only these two were used in this document.)

Does a physical condition or mental condition reduce the amount or the kind of activity....can do: a) At home? b) At school? c) In other activities, for example, transportation or leisure? (Child considered having activity limitation if he or she was limited in any of the above.)	Does child have any long term conditions or health problems which prevent or limit his/her participation in school, at play, or in any other activity for a child of his/her age?

Table 4 and 5:

APS	**NLSCY**
In the past 12 months, have you seen or talked on the phone with a pediatrician about ...'s physical, emotional or mental health? In the past 12 months, have you seen or talked on the phone with a general practitioner or family physician about ...'s physical, emotional or mental health? In the past 12 months, have you seen or talked on the phone with another medical specialist about ...'s physical, emotional or mental health? In the past 12 months, have you seen or talked on the phone with a public health nurse or nurse practitioner about ...'s physical, emotional or mental health? ▪ 3 or 4 days ▪ 1 or 2 days ▪ never	In the past year, how many times have you seen or talked on the telephone with any of the following about child-s physical, emotional or mental health with: ▪ A general practitioner, family physician? ▪ A pediatrician? ▪ Another medical doctor (such as an orthopaedist, or eye specialist)? ▪ A Public Health Nurse or Nurse Practitioner?

Table 6 and 7:

APS	NLSCY
When was the last time…had any dental care? ▪ Within the last 12 months ▪ More than 1 year ago but less than 3 years ago ▪ 3 years or more ago but less than 5 years ago ▪ 5 years or more ago ▪ never ▪ don't know Does…need dental treatment at this time? Have arrangements been made for … to receive the needed treatment? Why have arrangements not been made? ▪ Not available – in the area ▪ Not available – at time required (e.g. Dentist on holidays, inconvenient hours) ▪ Waiting time too long ▪ Felt would be inadequate ▪ Cost ▪ Too busy ▪ Didn't get around to it /didn't bother ▪ Didn't know where to go ▪ Transportation problems ▪ Language problems ▪ Personal or family responsibilities ▪ Dislikes dentists/afraid ▪ Decided not to seek care ▪ Other	In the past year, how many times have you seen or talked on the telephone with any of the following about child's physical, emotional or mental health with: A dentist or orthodontist? No comparable national data for other questions.

Table 8 and 9:

APS	NLSCY
For children born on or after May 16, 1997: Is ...currently being breast-fed? For how many months has he/she been breast-fed? For children born before May 16, 1997, or children not currently being breast-fed: Was...ever breast-fed? For how many months was...breast-fed?	Are/Is you/her/his mother currently breast-feeding <child name>? Did you/her/his mother breast-feed him/her even if only for a short time? For how long?

Table 10 and 11:

APS	NLSCY
Last week, how often did ... eat breakfast? ▪ Everyday ▪ 5 or 6 days ▪ 3 or 4 days ▪ 1 or 2 days ▪ never	12-15 year olds were asked: During a school week (Monday to Friday), how many days do you normally eat breakfast?